Virginia Parent Education Coalition Tool Kit

Parents and professionals working together to advocate for all caregivers - ensuring access to quality parent education, information services, and support necessary to raise healthy families.

Commonality
Loving **Respectful**
Responsible Empathy
Proud Appreciative
Helpful **Open** Satisfied
Sharing Connecting **Co-operation**
Positive **Supportive** **Encouraging** Happy
Inspiring Concerned Fun **Consistency**
Understanding Bonding Honest
Communication Friendly **Caring**
Reassuring Collaborative

VSPEC
Virginia Statewide Parent Education Coalition

http://www.vahealth.org/childadolescenthealth/EarlyChildhoodHealth/VSPEC/index.htm

Introducing the VSPEC Parent Education Toolkit

Ever wonder why some parents go to parent education classes and their children are still at risk?

Sometimes we assume the parent didn't participate fully but it could be they were not referred to the level of class to best meet their needs.

The Virginia State-Wide Parent Education Coalition (VSPEC), a professional organization comprised of members in the public and private sectors who work with families and/or conduct parent education classes, has developed this Parent Education Toolkit to help you determine whether the classes meet the needs of the person you are referring to attend them. The Toolkit defines three types of parenting education and describes the population served as well as the recommended expertise of providers of the services.

The Toolkit can be downloaded on the VSPEC website
www.vahealth.org/childadolescenthealth/EarlyChildhoodHealth/VSPEC/index.htm

VSPEC encourages those who refer parties to parent education to locate appropriate providers in their area and, using the Toolkit as a guide, to find out the population that can most benefit from what they have to offer.

To request additional information or to provide feedback on the Toolkit, please contact

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VSPEC PARENT EDUCATION REFERRAL TOOLKIT

Developed in 2013, by
Virginia Statewide Parent Education Coalition (VSPEC)*
http://www.vahealth.org/childadolescenthealth/EarlyChildhoodHealth/VSPEC/index.htm

Introduction

The Parent Education Referral Toolkit was designed for judges, court services staff, guardians ad litem, commonwealth attorneys, probation officers, local departments of social services, and others who refer families to parent education programs to enhance their understanding of the variations in the types of parent education programs available and to assist them in making appropriate referrals based on the best fit between the families' needs and the focus and design of the program.

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OVERVIEW OF PARENT EDUCATION

Definition of Parent Education

Parent education is a process for helping parents to understand children's development, needs and uniqueness, and their own parental roles and responsibilities by offering strategies, tools, and insight for observing, interpreting, and responding to children's behaviors in order to maximize positive outcomes for both children and families.

Types of Parent Education Programs

Primary: Programs offered to the general population that focus on enhancing parenting knowledge and skills on a wide range of universal topics. Parents participating in these programs are typically not court involved.

Secondary: Programs offered to parents and/or children who may be at risk of abuse or neglect and that focus on enhancing parenting knowledge and skills in specific areas known to be associated with risk and that include building self-awareness about the parenting approaches and behaviors that have the potential for putting children at risk. Parents participating in these programs may or may not have court involvement.

Tertiary: Programs offered to parents and/or children who have experienced abuse or neglect and that not only enhance parenting knowledge and skills but foster an understanding of how parents' early experiences and belief systems influence their parenting. Tertiary programs empower parents to use their new knowledge and insight to change their behavior. Parents participating in these programs are typically, though not always, court involved.

General Characteristics of Effective Parent Education Programs

Included in this toolkit is a chart that compares the components of effective primary, secondary, and tertiary parent education programs and their unique characteristics. Regardless of the type or level of the program, however, effective programs include the following:

- Clearly defined program goals, objectives and measurable outcomes;
- A focus on using family strengths to increase parental competence;
- Responsiveness to parents' learning needs, developmental, educational and language levels and parents' attitude toward parent education;
- Identification of the target population best served (e.g., substance abuse, incarceration), and, if serving court ordered clients, how the curriculum addresses their unique needs;
- Trained, knowledgeable, compassionate and engaging staff to provide parent education;
- Utilization of a curriculum that includes the following:
  - (1) enhances one or more of the protective factors (parental resilience, knowledge of parenting and child development, nurturing and attachment, concrete supports in times of need, social connections, children's social and emotional competence);

> (2) is culturally responsive to families' needs;
> (3) provides an opportunity for parents to practice what they learn;

- Utilization of an evaluation component to assess the effectiveness of the program to achieve outcomes for parents identified, preferably a pre and post test to measure change;
- Completion of the total program in order to be effective; and
- Follow-up support and reinforcement of learning with families.

Finding the Right Fit for Parents to Meet their Needs

The most effective parent education program is one that is responsive to the specific needs of the parent. We encourage each court district and local community to determine the needs of the parenting stakeholders in their jurisdiction. For a specific family, the attached Characteristics of Effective Parent Education document can help you choose the right fit based on the needs of the parents, the risk factors present, and the components of the program.

Use of Evidence-Based and Evidence-Informed Models in Parent Education

When considering referrals to parenting classes, practitioners and judges should consider the level of intervention needed and the validity of the program being offered. Research indicates that using an *evidence-based* model for parent education increases the likelihood of increasing parental competence. When using evidence-based programs, providers need to adhere to the structure and content of the model in order to maintain fidelity. *Evidenced-informed* models can also be appropriate in tertiary programs that rely on a combination of research-based, evidence-informed, trauma-focused treatments, and are adaptable for individual parental needs.

The Institute of Medicine (IOM) defines "evidence-based practice" as a combination of the following three factors: (1) best research evidence, (2) best clinical experience, and (3) consistent with patient [or family] values (Institute of Medicine. 2001. *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy). Examples of evidence-based models for parent education include: Nurturing Parenting Program, Parents as Teachers, and The Incredible Years.

Programs that have demonstrated effectiveness in treating and preventing the re-occurrence of child maltreatment are recommended for intervention (secondary) and treatment (tertiary). SAMHSA (www.**samhsa**.gov/) and CEBC (www.**cebc**4cw.org/) are good resources that include information on levels of recognition for established, effective parent education programs.

A **best practice** is a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark. It is a practice that can be evidence-informed, in addition to evidence-based, incorporates practice wisdom from the field and clinical experience, and is consistent with family/client values. Best practice can be used as an alternative in the absence of mandatory legislated standards, and, when such standards are present, to support and enhance them. The Characteristics of Effective Parent Education Programs incorporates current best practice knowledge.

CHARACTERISTICS OF EFFECTIVE PARENT EDUCATION PROGRAMS

CHARACTERISTICS	LEVEL		
	PRIMARY	**SECONDARY**	**TERTIARY**
DEFINITION	**Designed to:** -Increase individuals' and families' parenting knowledge, skills, and strategies; and -Empower them in strengthening their foundation and belief system for consistent, positive parenting.	**Designed to:** -Prevent the occurrence of child maltreatment -Increase individuals' and families' parenting knowledge, skills, strategies and self-awareness; and -Empower parents to examine their parenting beliefs and practices and improve and strengthen their foundation for consistent, positive parenting.	**Designed to:** -Prevent the re-occurrence of child maltreatment. -Increase individuals' and families' parenting knowledge, skills, strategies and self-awareness; and -Assist parents in acknowledging their strengths while recognizing behaviors that put their children at risk of maltreatment; -Empower parents to use their new knowledge and insight to change their behavior; and, -Help parents recognize how their own childhood and/or belief system influence their parenting.
POPULATION SERVED	Anyone who wants to improve or update parenting knowledge and skills	Families with mild or moderate risk of abuse or neglect, and the presence of 1 or more risks factors*	Families where abuse, neglect or family violence has already occurred or who are at high risk of abuse, neglect, or family violence and have the presence of 1 or more risk factors and limited protective factors*
DURATION/INTENSITY	One or more sessions on general parenting topics	Number and length of sessions depend on the topic and needs of the families. To be most effective, the recommended number of sessions is 12 or more at 1.5 hours each, resulting in 18 or more hours.	Most intensive level of parent education. To be most effective the recommended number of sessions is 15 or more, resulting in 30 or more hours for group or home-based programs.
METHOD OF DELIVERY	Face to face (individual or group), and web-based interactive	Face to face (individual and/or group, including in-home)	Face to face (individual and/or group, including in-home)

CHARACTERISTICS	PRIMARY	SECONDARY	TERTIARY
SUGGESTED COMPONENTS	**Knowledge and skills of parent educator:** -Adult learning principles -Child development -Nurturing & Attachment -Group facilitation skills -Parenting resources -Signs and symptoms of child abuse and neglect and how to report it -Awareness of current recommendations on the topics presented -Awareness of personal beliefs -Responsive to cultural diversity -Non-judgmental and compassionate -Risk factors present in families that may indicate the need for additional support -Training experience on the curriculum and/or content area -Experience working with children and/or families	**Knowledge and skills of facilitator:** -Adult learning principles -Child development -Nurturing & Attachment -Group facilitation -Parenting resources -Signs and symptoms of child abuse and neglect and how to report it -Aware of personal beliefs -Responsive to cultural diversity -Non-judgmental and compassionate -Aware of current recommendations and research on the topics presented -Risk factors present in families that indicate the need for additional support -Training experience on the curriculum and/or content area -Understanding of family systems and how change occurs -Experience with high-risk parents -Risk and protective factors and how to strengthen protective factors* -Signs and symptoms of traumatic stress and how to respond to children and parents once symptoms are identified**	**Knowledge and skills of facilitator:** -Adult learning principles -Child development -Nurturing & Attachment -Group facilitation -Parenting resources -Signs and symptoms of child abuse and neglect and how to report it -Aware of personal beliefs -Responsive to cultural diversity -Non-judgmental/compassionate -Aware of current recommendations and research on the topics presented -Risk factors present in families that indicate the need for additional support -Training experience on the curriculum and/or content area -Understanding of family systems and how change occurs -Experience with high-risk parents -Risk and protective factors and how to strengthen protective factors* -Signs and symptoms of traumatic stress and how to respond to children and parents once symptoms are identified** -Recent Trauma-Informed Practice training -Graduate degree with experience in clinical work with high-risk families preferred or college degree with experience working with high-risk families
	Evaluation of educator: Ongoing review of participant feedback/ evaluations of the class(es)/workshop(s)	**Evaluation of facilitator:** Ongoing review of participant feedback/ evaluations of the class(es)/workshop(s) and access to support through supervision, mentoring, collaboration with professionals and/or feedback provided by observers and evaluation of training	**Evaluation of facilitator:** Ongoing review of participant feedback/ evaluations of the class(es)/workshop(s) and access to support through supervision, mentoring, collaboration with professionals and/or feedback provided by observers and evaluation of training

CHARACTERISTICS	PRIMARY	SECONDARY	TERTIARY
SUGGESTED COMPONENTS, Continued	**Assessment:** May occur based on class content and the needs of the participants	**Assessment:** Initial intake interview prior to the first group session with families to determine best fit between their needs and the program components and to determine if additional services are needed. Should be face to face and include an assessment of parenting attitudes and the family's risk of abuse or neglect. If high-risk factors are apparent, referral to CPS and/or a tertiary program should be made. Includes completion of a reliable and valid instrument that measures strengths and risk levels.	**Assessment:** Initial intake interview prior to the first group session with families to determine best fit between their needs and the program components and to determine what additional services are needed. Should be face to face and includes an assessment of: parenting attitudes; risk of abuse or neglect within the family; level of traumatic stress experienced by family members**; and identification of risk and protective factors*. Should include completion of a reliable and valid instrument that measures strengths and risk levels.
	Program Evaluation: Written evaluation by participants or feedback forms completed at the end of the training or workshop.	**Program Evaluation:** Written evaluation by participants that measures parental change in beliefs and skills. Could be self-report, pre- and post-test or other tool. If providing an evidence-based program, use associated tools.	**Program Evaluation:** Written evaluation by participants that measures parental change in beliefs and skills. Could be self-report, pre- and post-test or other tool. If providing an evidence-based program, use associated tools. Direct observation of the parent-child relationship with facilitator feedback and/or opportunities for parents to practice acquired skills and/or modeling by trained staff.
	Case Management: N/A	**Case management:** Provided based on family's expressed needs	**Case Management:** Ongoing assessment and evaluation of family's need for additional services, including: individual counseling, family counseling, in-home services, foster care prevention services and other appropriate services and support within the community.

*See, Appendix A **See, Appendix B

Appendix A: Risk and Protective Factors

Protective Factors can be thought of as "family characteristics" that are framed in a positive manner. Protective Factors have been identified as those needed by families to provide a buffer against abuse and neglect. The degree to which Protective Factors are present or absent is determined by an assessment of the family. Protective Factors that are present in a family represent strengths that can be utilized by the family to help them overcome problems they are experiencing. On the other hand, Protective Factors that are totally absent, or present in insufficient degree, represent needs that have to be addressed.

Risk Factors are conditions that occur within families that research has demonstrated increase the likelihood of child maltreatment (e.g. parental history of abuse, substance abuse, etc.).

Emerging research indicates that a wide range of prevention strategies can reduce both child abuse and neglect reports and foster care placements (Horton, 2003).

SIX PROTECTIVE FACTORS

1. Parental Resilience

Although no one can eliminate stress from parenting, a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and recover from difficult life events and the ability to form positive relationships with one's children. Resilient parents have empathy for themselves, their child and others. Resilience requires the ability to communicate, recognize challenges, use healthy coping strategies, embrace a positive belief system, acknowledge feelings and make good choices. Teaching resilience means supporting family-driven services and decision-making. It means helping families find ways to solve their problems, to build and sustain trusting relationships—including relationships with their children, to know how to seek help when necessary, and being able to identify and use the resources available. Specific examples include the following:

- Able to stay in control when child misbehaves and use of non-abusive disciplinary techniques and consequences (i.e., positive discipline)
- Feelings of competence in parenting roles
- Pulling together in times of stress
- Listening to each other

2. Social Connections

Social connections are the antidote to social isolation—a primary risk factor for child abuse and neglect. Families can have many different types of social connections that provide different types of support. For example, friends, extended family members, other parents with children the same age, and neighbors and community members all provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back," an important part of self- esteem, as well as, a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships. An example would be:

- Having others to talk to when there is a problem or crisis

3. Concrete Support in Times of Need

Providing concrete help to families at times when they need it most can help fortify families, minimize the stress they are experiencing, and helps them take care of their children despite the circumstances they face. Meeting basic economic needs like food, shelter, clothing and health care are essential for families to thrive. Meeting basic emotional needs is equally important. All families can benefit from concrete support in times of need and when crises arise. When crises happen, social connections and adequate services and support need to be in place to provide stability, treatment, and help for family members to manage the crisis. Specific examples include:

- Knowledge of community resources and available supports
- Supportive family environment and social connections and supports
- Adequate and stable housing
- Access to health care and social services
- Parental employment and financial solvency
- Opportunities for education and employment
- Adequate housing

4. Knowledge of Parenting and Child Development

One of the primary factors in family disruption is unmatched expectations of the parents. Accurate information about child development and appropriate expectations for children's behavior at every age helps parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children. Specific examples include the following:

- Effective parenting knowledge
- Understanding of child development
- Realistic expectations of child
- Using praise

5. Social and Emotional Competence of Children

Behavior and expression of emotion vary widely based on a child's developmental stage and temperament. Helping children become more capable of handling life's challenges as they grow is critical for their social, emotional and intellectual development. Challenging behaviors or delayed development creates extra stress for families, so early identification and assistance is necessary for both. Specific examples of social and emotional competence of children included the following:

- Ability to communicate clearly
- Ability to recognize and regulate their emotions
- Ability to establish and maintain relationships with both peers and adults
- Ability to solve problems and resolve conflict

6. Nurturing and Attachment

Parents who are nurturing provide structure, and consistently meet children's emotional and physical needs and help children develop healthy attachments with their caregivers. This attachment provides the foundation for positive interaction, self-regulation, effective communication and a positive self-concept. Some examples of nurturing and attachment include:

- Demonstrate empathy towards the child and attuned to the child's needs
- Enjoys being with child
- Able to soothe child when they are upset
- Spend time with the child doing what the child likes to do
- Provides nurturing and affection
- Positive, strong, stable and caring parent child relationships
- Open communication and problem-solving

RISK FACTORS

Parent-related
- Parent substance abuse or history of substance abuse
- Parental history of child abuse/neglect in family of origin
- History of child abuse/neglect involving parents' child
- Current or history of depression
- Parent physical and mental health issues
- Parent language barriers
- Parent's unrealistic expectations of child
- Parent antisocial behavior
- Late, poor or no prenatal care
- Abortion unsuccessfully sought or attempted for pregnancy of a particular child
- Parental attitude about becoming a parent
- Relinquishment of adoption sought or attempted for a particular child
- History of psychiatric care
- Education under 12 years
- Low maternal self-esteem
- Low parental IQ
- Parents' negative view of the child in families where domestic violence is present
- Single parents
- Non-biological, transient caregivers in the home
- Language barriers

Child-related
- Child younger than 4 years of age
- Child's behavior and temperament
- Child with disabilities or other special needs that may increase caregiver burden
- Child antisocial behavior

Family-related

- Abnormal or nonexistent attachment and bonding
- Family economic factors
- Unemployment, inadequate income, unstable housing, no phone
- Family management problems and family conflict
- Marital or family problems
- Single-parent family
- Inadequate emergency contacts-excludes immediate family

Community/environmental-related

- Lack of social supports
- Isolation
- Few housing opportunities
- High unemployment
- High incidence of teen pregnancy
- Lack of resources-lack of access to early infant and child services, day care, mental health resources, educational resources, after-school programs, parent support groups, child development information
- Availability of drugs in the community
- Community violence
- Community disorganization/low neighborhood attachment

Definition of Trauma
Trauma is defined as an experience that threatens the life or physical integrity of a child or someone important to that child. This includes events such as witnessing or being the victim of violence, serious injury, physical abuse, and/or sexual abuse; but can also include unexpected separations from the family, automobile accidents, natural disasters, and the unexpected death of a loved one.

Types of Trauma
Acute trauma is a single event that lasts for a limited period of time. Chronic trauma is a series of traumatic events often over a long period of time. Complex trauma is multiple events, beginning from a very young age, inflicted by adults in a caregiver or protective role. Neglect is also considered a form of trauma and may limit a child's ability to recover from other types of trauma.

Impact of Trauma
Research has demonstrated that trauma impacts biology, brain development, the ability to regulate emotions, sensory integration, cognition and learning, cause and effect thinking, problem solving, behavior control, memory, attachment, self-concept and outlook on life or world view. The impact of trauma is long term across the life span of a child. Many of the parents who receive education and support have experienced childhood trauma and approach parenting with these challenges.

Traumatic Stress
Traumatic stress describes the physical and emotional responses of an individual to events that threaten their life or physical integrity or the life of someone important to them. Reactions to trauma vary based on a child's level of exposure, access to supportive caregivers, previous history of trauma, and other individual, familial, and environmental factors. Overall, children exposed to trauma have reactions in one of 3 areas: hyper-arousal, re-experiencing, or avoidance and withdrawal. Trauma often causes an overwhelming sense of terror, helplessness, and horror and typically results in intense physical outcomes such as heart pounding, rapid breathing, trembling, dizziness, or loss of bladder/bowel control. Other outcomes can include intense and ongoing emotional upset, depression, anxiety, behavioral change, academic and relational problems, eating and sleeping problems, aches and pains, withdrawal, substance abuse, and dangerous and/or unhealthy sexual behaviors.

Trauma-Informed Care
"Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper, Bassuk, & Olivet, 2009, p. 133). All systems that interface with children and parents who have experienced trauma should be aware of the symptoms of traumatic stress and should seek to incorporate into their practice a framework that reduces—not exacerbates—stress and helps children and families heal.

Trauma Treatment
Trauma-informed treatment varies depending on the child, but should be aimed at minimizing the effects of trauma and preventing further traumatization. Integrated trauma-informed approaches have been found to be effective in helping children recover from traumatic stress. Trauma-Focused Cognitive Behavioral Therapies have also been shown to be effective with certain children. Treatment generally includes maximizing a child's sense of safety; teaching children stress management and relaxation skills; creating a coherent narrative around the traumatic event(s); reframing or correcting distorted ideas related to the trauma; changing unhealthy or negative thoughts resulting from the trauma; and, involves parents in creating optimal recovery environments.

Mandated Parent Education Seminars

Virginia Code Sections 16.1-278.15 *and* 20-103

Definition: Designed to make families aware of the effects of separation or divorce on children, parenting and financial responsibilities when parenting from separate homes, and options for conflict resolution.

Population Served: Those in contested child custody, visitation, and child support cases.

Duration: A minimum of 4 hours.

Method of Delivery: Face to face (individual or group) including in-home.

Suggested components: Facilitator Professional Qualifications:

Licensed/certified mental health practitioner, certified family mediator, licensed clinical social worker, licensed professional counselor, family law attorney, pastoral counselor, practicing parenting educator or parenting coordinator.

Areas of Expertise: Knowledge of child development, background in divorce/separation issues, knowledge of family abuse, including domestic violence and child abuse issues and appropriate referrals when needed, experience teaching adults, and group facilitation skills

Evaluation of facilitator: Evaluations from participants attending the class.

Feedback from supervisors at the organization providing the class.

Oversight by the Parent Education Coordinator at the Supreme Court of Virginia.

Identified Providers: Qualified providers serving Circuit and Juvenile and Domestic Relations courts may be found on the Judicial website at www.courts.state.va.us by clicking on Programs and then on Parent Education.